

## STATE OF TENNESSEE DEPARTMENT OF HUMAN SERVICES

CITIZENS PLAZA BUILDING 400 DEADERICK STREET NASHVILLE, TENNESSEE 37243-1403

TELEPHONE: 615-313-4700 FAX: 615-741-4165

TTY: 1-800-270-1349 www.tn.gov/humanservices

**BILL HASLAM** 

**GOVERNOR** 

**DANIELLE W. BARNES** 

COMMISSIONER

December 1, 2017

Thomas Looney, Board Chair The Children's Center of Knoxville 301 Frank Street Knoxville, Tennessee 37919-2203

Dear Mr. Looney,

The Department of Human Services (DHS) - Audit Services Division staff conducted an, unannounced on-site monitoring review of the Child and Adult Care Food Program (CACFP) at The Children's Center of Knoxville (Sponsor), Application Agreement number 00-525, on October 18, 2017. The purpose of this review was to determine if the Sponsor complied with the *Title 7 of the Code of Federal Regulations* (CFR) applicable parts, application agreement, and applicable Federal and State regulations.

#### **Background**

CACFP sponsors utilize meal count sheets to record the number of meals served for breakfast, lunch, supper and supplements meals served. Meals served by participating sponsors must meet the minimum guidelines set by the United States Department of Agriculture (USDA) and DHS to be eligible for reimbursement. The CACFP sponsor reports the number of meals served through the DHS Tennessee Information Payment System (TIPS) system to seek reimbursement. We inspected meal counts sheets for our test period and reconciled the meals claimed to the meals reported as served for each meal service. We also assessed compliance with civil rights requirements. In addition, we observed a meal service during our site visit on September 25, 2017.

Our review of the Sponsor's records for September 2017 disclosed the following:

#### 1. The Sponsor improperly classified eligibility of the CACFP participants

#### Condition

The Claim for Reimbursement for the test month reported 22 participants in the free category, four participants in the reduced-price category, and 61 participants in the paid

category. However, our review of the Sponsor's records showed that there were 20 participants in the free category, five participants in the reduced-price category, and 62 participants in the paid category. The differences are due to the following errors:

- One application on file for a participant classified in the free category did have the date of the determining official's signature. This participant was classified as paid.
- One participant in the reduced-price category was reported as free.

There were 87 participants reported and confirmed to be enrolled in the program. (See Exhibit)

#### Criteria

Title 7 of the Code of Federal Regulations, Section 226.10 (c) states, in part, "...In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim. ..."

#### Recommendation

The Sponsor should ensure forms are completed correctly prior to submitting a claim for reimbursement.

#### 2. The Sponsor reported incorrect meal counts

#### Condition

The Sponsor claimed 1,506 Breakfast meals, 1,613 Lunch meals, and 1,624 supplements served for the test month of September 2017. However, based on our review of the Sponsor's records, we found that there were 1, 497 Breakfasts, 1,613 lunches, and 1,624 supplements.

As a result, nine breakfast meals were overreported. (See Exhibit)

#### <u>Criteria</u>

Title 7 of the Code of Federal Regulations, Section 226.10 (c) states, in part, "...In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim. ..."

#### Recommendation

The Sponsor should ensure that all meal counts are correct, and that the number of meals claimed is correct.

3. The Sponsor did not provide documentation to support adequate quantities of milk purchased for all meals reported as served

#### Condition

Based on the number of meals served with milk as a required component, a total of 23,436 ounces of milk were required. However, the Sponsor could only document the purchase of 21,936 ounces of milk. There was a shortage of 1,500 ounces of milk reported.

Milk is a required component for breakfast and lunch meals served. As well, milk is a creditable component for supplements. The Pponsor provided breakfast, lunch, and supplement meals with milk as a component.

As a result, 375 supplements served were disallowed. (See Exhibit)

#### Criteria

Title 7 of the Code of Federal Regulations, Section 226.20(c)(3) states, "... Serve two of the following five components: Fluid milk, meat and meat alternates, vegetables, fruits, and grains. Fruit juice, vegetable juice, and milk may comprise only one component of the snack."

The USDA Monitoring Handbook for State Agencies, page 48, states, "Inadequate quantity of milk or food provided for the number of children served," as a reason for disallowing meals and snacks.

#### Recommendation

The Sponsor should the required amount of milk was purchased and served to be eligible for reimbursement.

#### 4. One meal menu did not meet USDA requirements

A review of menus for the test month revealed one lunch menu did not meet the USDA meal pattern requirements. The menu for September 25, 2017, included milk, ham patties, sweet potatoes, green peas, and sliced wheat bread. The CN label provided stated that one ham patty, which was served provides 1.0 ounce equivalent meat. However one and one-half patties need to be served to children ages three to five years of age.

As a result, 64 lunch meals served were disallowed. (See Exhibit)

#### Criteria

Title 7 of the Code of Federal Regulations, Section 226.17(b)(4) states, in part, "Each child care center participating in the Program shall claim only the meal types specified in its approved application in accordance with the meal pattern requirements specified in §226.20.

Title 7 of the Code of Federal Regulations, Section 226.20(c)(2) details "the minimum amounts of food components to be served at lunch".

#### Recommendation

The Sponsor should ensure that the menus contain all required meal components to be eligible for a reimbursable meal.

#### **Technical Assistance Provided**

During the Sponsor monitoring, technical assistance was provided regarding the new meal pattern requirements that took effect October 1, 2017 and claiming infants and the requirement for individual infant menus.

#### **Disallowed Meals Cost**

Based on the review, we determined that the sponsor's noncompliance with the applicable Federal and State regulations that govern the CACFP resulted in a total disallowed cost of \$669.86.

#### **Corrective Action**

The Children's Center of Knoxville must complete the following actions within 30 business days from the date of this report:

- Login to the Tennessee Information Payment System (TIPS) and revise the claim(s) submitted for each site for September 2017, which contains the verified claim data from the enclosed exhibit;
- Remit a check payable to the *Tennessee Department of Human Services* in the amount of \$669.86 for recovery of the amounts disallowed in this report. <u>Please return the attached billing notice with your check</u>; and
- Prepare and submit a corrective action plan to address the deficiencies identified in this
  report. The corrective action plan template is attached. Please return the corrective
  action plan to:

AuditServices.CAPS.DHS@tn.gov

If you have questions relative to the corrective action plan please contact:

Allette Vayda, Director
Child and Adult Care Food Program
8th Floor Citizens Plaza Building
400 Deaderick Street
Nashville, Tennessee 37243
Allette.Vayda@tn.gov
(615) 313-3769

Please note that the amount of disallowed cost is subject to an interest charge. The interest charge will be waived if your revised claim within 30 days from the date of this report. If the revised claim is not completed by the 30-day deadline, an interest charge may be billed to your institution. Please mail your check and the billing notice to:

Child and Adult Care Food Program
Fiscal Services
11th Floor, Citizens Plaza Building
400 Deaderick Street
Nashville, Tennessee 37243

In accordance with the federal regulation found at 7 CFR Part 226.6 (k), your institution may appeal the amount of disallowed cost identified in this monitoring report. The procedures for submitting an appeal are enclosed. The appeal must be submitted to:

Tennessee Department of Human Services Appeals and Hearings Division, Clerk's Office P.O. Box 198996 Nashville, TN 37219

If the Institution decides to appeal the amount of disallowed administrative and meals cost, all appeal procedures must be followed as failure to do so may result in the denial of your request for an appeal.

We appreciate the assistance provided during this review. If you have any questions regarding this report, please contact Sean Baker, Audit Director 2, at 615-313-4727 or Sean.Baker@tn.gov.

Sincerely.

Sam O. Alzoubi, CFE Director of Audit Services

#### Exhibit

cc: Brittny Wells, Director, The Children's Center of Knoxville
Allette Vayda, Director, Child and Adult Care Food Program
Debra Pasta, Program Manager, Child and Adult Care Food Program
Constance Moore, Program Specialist, Child and Adult Care Food Program
Marty Widner, Program Specialist, Child and Adult Care Food Program
Elke Moore, Administrative Services Assistant 3, Child and Adult Care Food Program
Comptroller of the Treasury, State of Tennessee

#### **Exhibit:**

Sponsor: The Children's Center of Knoxville

Review Month/Year: September 2017
Total Meal Reimbursement Received: \$3,816.68

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled to Provided Documents
Total Number of Days Food Served	20	20
Number of Breakfasts Served	1,506	1,497
Number of Lunches Served	1,613	1,549
Number of Supplements Served	1,624	1,249
Number of Participants in Free Category	22	20
Number of Participants in Reduced Category	4	5
Number of Participants in Paid Category	61	62
Total Number of Participants	87	87
Total Amount of Eligible Food Costs	xxxxxxx	\$5,866.66
Total Amount of Eligible Food and Non-Food Costs	xxxxxxx	\$5,866.66



## STATE OF TENNESSEE DEPARTMENT OF HUMAN SERVICES

CITIZENS PLAZA BUILDING 400 DEADERICK STREET NASHVILLE, TENNESSEE 37243-1403

TELEPHONE: 615-313-4700

FAX: 615-741-4165

TTY: 1-800-270-1349 www.tn.gov/humanservices

**BILL HASLAM** 

GOVERNOR

**DANIELLE W. BARNES** 

COMMISSIONER

**December 1, 2017** 

Hollianne Carver, Board Chair The Children's Center of Knoxville 301 Frank Street Knoxville, Tennessee 37919

Notice of payment due to findings disclosed in the monitoring report dated December 1, 2017, for Child and Adult Care Food Program (CACFP).

Institution Name:	The Children's Center of Knoxville	
Institution Address:	301 Frank Street Knoxville, Tennessee 37919	
Agreement Number:	00-132	
Amount Due:	\$669.86	
Due Date:	Januaury 2, 2018	

Based on the monitoring report issued by the Audit Services Division within the Tennessee Department of Human Services, the Community and Social Services - Food Programs - CACFP & SFSP management has agreed with the findings which require your institution to reimburse the Department of Human Services for disallowed meals cost.

Please remit a check or money order payable to the **Tennessee Department of Human Services** in the amount of \$669.86 by the due date to:

Tennessee Department of Human Services
Fiscal Services 11<sup>th</sup> Floor
Citizens Plaza Building
400 Deaderick Street
Nashville, Tennessee 37243-1403

Please note that the unallowed cost/overpayment of the CACFP is subject to an interest charge. The interest charge will be waived if the payment is received by the due date. If payment is not received by the end of the 5th day of the due date, an interest charge may be added to the original amount due and will be billed to your entity.

If you have any questions regarding this notice, please feel free to contact Allette Vayda, Director, Community and Social Services - Food Programs - CACFP & SFSP at (615) 313-3769 or Allette.Vayda@tn.gov.

Thank you for your attention

# GARCUTURE 1

#### **Tennessee Department of Human Services**

### **Corrective Action Plan for Monitoring Findings**

Instructions: Please print in ink or type the information to complete this document. Enter the date of birth for each Responsible Principal and/or Individual in Section B. Attach the additional documentation requested. Enter your name, title and date of signature on the last page. Please sign your name in ink.

Please return ALL pages of the completed Corrective Action Plan form.

#### Section A. Institution Information

Name of Sponsor/Agency/Site: The Ch Knoxville	ildren's Center of	Agreement No. 00525	☐ SFSP ☑ CACFP
Mailing Address: 301 Frank Street Kno	xville, Tennessee 37	919-2203	
Section B. Responsible Principal(s) a	and/or Individual(s)	)	
Name and Title: Thomas Looney, Board	d Chair		Date of Birth: / /
Section C. Dates of Issuance of Mon	itoring Report/Corr	ective Action Plan	
Monitoring Report: 12/1/2017	Corrective /	Action Plan: 12/1/2017	

#### Section D. Findings

#### Findings:

- 1. The Sponsor improperly classified eligibility of the CACFP participants
- 2. The Sponsor reported incorrect meal counts
- 3. The Sponsor did not provide documentation to support adequate quantities of milk purchased for all meals reported as served
- 4. One meal menu did not meet USDA requirements

The following measures will be completed within **30 calendar days** of my institution's receipt of this corrective action plan:

#### Measure No. 1: The Sponsor improperly classified eligibility of the CACFP participants

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:	Position Title:
Name:	Position Title:
Describe below the <b>step-by-step</b> pro	cedures that will be implemented to correct the finding:
When will the procedures for address implementing the procedures (i.e., wwill they begin?):	ssing the finding be implemented? Provide a timeline below for vill the procedures be done daily, weekly, monthly, or annually, and when
Where will the Corrective Action Plan	n documentation be retained? Please identify below:
	St. Land Land Land Land the Sinding (o.g.
How will new and current staff be info Handbook, training, etc.)? Please de	ormed of the new policies and procedures to address the finding (e.g., escribe below:

Measure No.2: The Sponsor reported incorrect meal counts		
The finding will be fully and permanently corrected. Identify the name(s) and position title(s) of the employe is fully and permanently corrected:	e(s) who will be responsible for ensuring that the finding	
Name:	Position Title:	
Name:	Position Title:	
Describe below the <b>step-by-step</b> procedures that will	be implemented to correct the finding:	
When will the procedures for addressing the finding b implementing the procedures (i.e., will the procedures will they begin?):	e implemented? Provide a timeline below for s be done daily, weekly, monthly, or annually, and when	
will they begin ! /:		
Where will the Corrective Action Plan documentation	be retained? Please identify below:	
TYTICIO WIII UTO CONTOUTO / CONTOUT I CAN GOODING MARKETY		

Handbook, training, etc.)? F	Please describe below:
Measure No. 3: The Spons ourchased for all meals rep	or did not provide documentation to support adequate quantities of milk ported as served
The finding will be fully and p dentify the name(s) and posi s fully and permanently corre	ition title(s) of the employee(s) who will be responsible for ensuring that the finding
Name:	Position Title:
Name:	Position Title:
Describe below the <b>step-by</b>	-step procedures that will be implemented to correct the finding:
	or addressing the finding be implemented? Provide a timeline below for
	es (i.e., will the procedures be done daily, weekly, monthly, or annually, and when

Where will the Corrective Action	n Plan documentation be retained? Please identify below:
How will new and current staff the Handbook, training, etc.)? Please	be informed of the new policies and procedures to address the finding (e.g., ase describe below:
Measure No. 4: One meal men	u did not meet USDA requirements
The finding will be fully and pern Identify the name(s) and position is fully and permanently corrected	n title(s) of the employee(s) who will be responsible for ensuring that the finding
Name:	Position Title:
Name:	Position Title:
Describe below the step-by-ste	ep procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a implementing the procedures (i.e., will the procedures be done daily, weekly, mowill they begin?):	n timeline below for conthly, or annually, and when
Where will the Corrective Action Plan documentation be retained? Please identif	y below:
How will new and current staff be informed of the new policies and procedures to Handbook, training, etc.)? Please describe below:	address the finding (e.g.,
I certify by my signature below that I am authorized by the institution to sign this corepresentative of the institution, I fully understand the corrective measures identify implement these measures within the required time frame. I also understand the permanently correct the findings in my institution's CACFP or SFSP will result in program, and the placement of the institution and its responsible principals on the maintained by the U.S. Department of Agriculture.	fied above and agree to fully t failure to fully and its termination from the
Printed Name of Authorized Institution Official:	Position:
Signature of Authorized Institution Official:	Date: / /
Signature of Authorized TDHS Official:	Date: / /

## Appeal Procedures for Child and Adult Care Food Program-Institutions Revised March 2017

- (xi) The institution, one of its sponsored facilities, or one of the principals of the institution or its facilities has been convicted for any activity that indicates a lack of business integrity;
- (c) Administrative review is also available if the State agency notifies the institution and responsible principal or responsible individual of the following actions: proposed disqualification of a responsible principal or responsible individual, denial of a budget, denial of a line item within a budget, downward adjustment of the amount approved in a budget, suspension of an institution's participation, denial of start-up or expansion funds, denial of a request for advanced payment, recovery of an advance in excess of a claim, denial of a claim for reimbursement (except for late submission), decision not to an exception request for payment of a late claim, overpayment demand, denial of a new or renewing institution's application for participation, denial of sponsored facility application, notice of proposed termination, claim denial, claim deadline exceptions and requests for upward adjustments to a claim, or any other action affecting an institutions participation or claim for payment.
- 3. All appeal requests must be presented in writing to the TDHS Division of Appeals and Hearings not later than 15 calendar days after the date the institution or sponsoring agency receives the notice of adverse administrative action.
- 4. The date of an institution's or sponsoring agency's receipt of a notice of suspension and/or proposed termination and disqualification will be governed by the federal regulation at 7 CFR Part 226.2. The notice must specify the action being proposed or taken and the basis for the action, and is considered to be received by the institution or day care home when it is delivered, sent by facsimile, or sent by email. If the notice is undeliverable, it is considered to be received by the institution, responsible principal or responsible individual, or day care home five days after being sent to the addressee's last known mailing address, facsimile number, or email address.
- 5. The TDHS Division of Appeals and Hearings will acknowledge the receipt of the appeal request within 10 calendar days of the receipt of the institution's or sponsoring agency's request for review. The written request for review should state if a fair hearing is requested or if a review of written information in lieu of a fair hearing is requested. If the appeal request from the institution or sponsoring agency does not specifically request a hearing, a review of written information in lieu of a hearing will occur. If a fair hearing is requested and the institution or sponsoring agency's representative fails to appear, the right to a personal appearance is waived.
- 6. If an institution or sponsoring agency does not request a fair hearing or a review of written information in lieu of the hearing within 15 calendar days from the date the institution or sponsoring agency receives a Notice of Proposed Termination, the TDHS will issue a letter advising the institution or sponsoring agency that it is terminated from the CACFP effective on the 16th calendar day following the institution's or sponsoring agency's receipt of the notice, and that the responsible principals and individuals of the institution or sponsoring agency are disqualified from participation.
- 7. To be considered for a fair hearing or for a review of written information in lieu of a fair

Appeal Procedures for Child and Adult Care Food Program-Institutions Revised March 2017

hearing, all written documents must be submitted to the TDHS Division of Appeals and Hearings not later than 30 days after receipt of the notice of adverse administrative action.

- 8. The action of the TDHS must remain in effect during the administrative review. The effect of this requirement on particular actions by TDHS is as follows:
  - (i) Overpayment demand. During the period of the administrative review, TDHS is prohibited from taking action to collect or offset the overpayment. However TDHS must assess interest beginning with the initial demand for remittance of the overpayment and continuing through the period of administrative review unless the administrative review official overturns the TDHS's action.
  - (ii) Recovery of advances. During the administrative review, TDHS must continue its efforts to recover advances in excess of the claim for reimbursement for the applicable period. The recovery may be through a demand for full repayment or an adjustment of subsequent payments.
  - (iii) Program payments. The availability of Program payments during an administrative review of the denial of a new institution's application, denial of a renewing institution's application, proposed termination of a participating institution's agreement, and suspension of an institution are addressed in paragraphs (c)(1)(iii)(D), (c)(2)(iii)(D), (c)(3)(iii)(D), (c)(5)(i)(D), and (c)(5)(ii)(E), respectively, of 7 CFR §226.6.
- 9. The institution or sponsoring agency must refute the charges contained in the notice during the fair hearing or in the written information that is provided in lieu of the hearing.
- 10. The institution and the responsible principals and responsible individuals may retain legal counsel, or may be represented by another person.
- 11. If a fair hearing is requested, the institution or sponsoring agency will be notified in writing of the time, date and place of the fair hearing at least 10 calendar days in advance.
- 12. Any information which supports an adverse administrative action taken by the TDHS shall be available to the institution or sponsoring agency for inspection from the date of the receipt of the request for a fair hearing or a review of written information in lieu of the hearing.
- 13. In accordance with 7 CFR Part 226.6 (k)(8), the TDHS Division of Appeals and Hearings must conduct the administrative review of the proposed disqualification of the responsible principals and responsible individuals as part of the administrative review of the application denial, proposed termination, and/or proposed disqualification of the institution with which the responsible principals or responsible individuals are associated. However, at the administrative review official's discretion, separate administrative reviews may be held if the institution does not request an administrative review or if either the institution or the responsible principal or responsible individual demonstrates that their interests conflict.
- 14. The procedures contained in the Uniform Administrative Procedures Act found at TCA 4-5-301 et seq. shall be followed in rendering a decision on all appeals. The decision of the hearing officer is the final administrative determination to be afforded to the institution or sponsoring agency, and shall be rendered in a timely manner not to exceed 60 calendar days from the date of the receipt of the request for a fair hearing.
- 15. The processing limits for administrative appeals MUST be met. In the event a continuance is requested by a party, one continuance may be granted at the Hearing Official's discretion. This

Appeal Procedures for Child and Adult Care Food Program-Institutions Revised March 2017

continuance shall not be for a period longer than ten (10) calendar days unless there are exceptional circumstances. Exceptional circumstances must be detailed in the order of continuance and the order must contain a date certain for the hearing, to be set as soon as possible. A report of pending CACFP desk review and fair hearing requests will be generated and reviewed daily by the Clerk's Office and the Legal Director for Appeals and Hearings who will monitor the dates for timeliness. In the event a decision has not been rendered within forty-five (45) calendar days of the date of receipt of the request for fair hearing or desk review, the Legal Director for Appeals and Hearings or their back-up shall notify the hearing official to take appropriate action.

16. All requests for a fair hearing or for a review of written information in lieu of a hearing must be submitted to:

Tennessee Department of Human Services
Division of Appeals and Hearings
PO Box 198996, Clerk's Office
Nashville, TN 37219-8996
Fax: (615) 248-7013 or (866) 355-6136

E-mail: AppealsClerksOffice.DHS@tn.gov

17. If a termination action is upheld by the hearing officer, the TDHS will issue a letter to the institution or sponsoring agency and its responsible principals and individuals advising that the termination and disqualification are effective on the date of the ruling issued by the hearing officer. The agency maintains searchable records of all administrative reviews and their dispositions for a period of five (5) years.

18. As required by 7 CFR Part 226.6 (c)(7), each disqualified institution, sponsoring agency, principal and individual will be placed on the National Disqualified List maintained by the U.S. Department of Agriculture (USDA). Once included on the National Disqualified List, an institution, sponsoring agency, principal and individual shall remain on the list until such time as the USDA, in consultation with the TDHS, determines that the serious deficiencies that led to their placement on the list have been corrected, or until seven years have elapsed since they were disqualified from participation. However, if the institution, sponsoring agency, principal or individual has failed to repay debts owed under the program, they will remain on the list until the debt has been paid.